

MATERIALS AND RESEARCH
DELAWARE DEPARTMENT OF TRANSPORTATION
DOVER, DELAWARE (302) 760-2400
REINFORCED CONCRETE PIPE REPORT

TEST NO. _____ CONTRACT NO. _____ F.A. PROJECT NO. _____
 DATE OF INSPECTION _____ DATE MANUFACTURED _____
 LOCATION OF PLANT _____
 NAME OF MANUFACTURER _____
 CONTRACTOR _____

PIPE	SIZE _____	WALL THICKNESS REQUIRED _____ ACTUAL _____		CAST <input type="checkbox"/> ELLIPTICAL <input type="checkbox"/>		
	CLASS _____			MACHINED <input type="checkbox"/> CIRCULAR <input type="checkbox"/>		
	WALL _____					
MIX	CEMENT	F.A.	C.A.	106A <input type="checkbox"/>	107 <input type="checkbox"/> PEA GRAVEL <input type="checkbox"/>	
REINFORCEMENT	TYPE CAGE	CIC.	ELLIP.	SPACING IN.	DIAMETER IN INCHES	STEEL AREA
	SINGLE OR INSIDE					
	OUTSIDE					
THREE -EDGE BEARING	TYPE FAILURE	REQUIRED LOAD		ACTUAL LOAD		
		TOTAL LB.	PER LIN. FT. LB. / FT	TOTAL LB.	PER LIN. FT. LB. / FT.	
	0.1" CRACK					
	ULTIMATE					

PERCENT ABSORPTION _____ LINEAL FEET _____
 NUMBER OF PIECES ACCEPTED _____

REMARKS:

cc: _____ Tested By _____
 Assistant Precast Supervisor _____
 PCC Supervisor _____
 Materials Engineer _____